

RIVER VALLEY SCHOOL DISTRICT 2022-2023 BENEFIT PACKAGES & RATES

All Benefit Plan Years for the District run from *Sept. 1st - Aug. 31st*

5/16/2022

HEALTH INSURANCE	CURRENT						
	2021-2022	Increase or	2022-2023	District Portion	Employee Portion	District Portion	Employee Portion
Quartz Health Insurance - HMO PLAN	Monthly Rates	Decrease	MONTHLY RATES	(monthly)	(monthly)	(per check)*	(per check)*
				87.40%	12.60%		
SINGLE	N/A	N/A	\$646.60	\$565.13	\$81.47	\$282.56	\$40.74
FAMILY	N/A	N/A	\$1,525.98	\$1,333.71	\$192.27	\$666.85	\$96.14
HEALTH SAVINGS ACCOUNT (HSA)	CURRENT						
HSABANK.COM	HSA 2021-2022	Increase or	2022-2023				
	CONTRIBUTION	Decrease	CONTRIBUTION				
SINGLE Deductible = \$2,000	\$1,500.00	\$ -	\$1,500.00	Contribution will be made at the beginning of the plan year (09/01/2022)			
FAMILY Deductible = \$4,000	\$3,000.00	\$ -	\$3,000.00				
DENTAL INSURANCE	CURRENT						
	2021-2022	Increase or	2022-2023	District Portion	Employee Portion	District Portion	Employee Portion
DELTA DENTAL OF WI	Monthly Rates	Decrease	MONTHLY RATES	(monthly)	(monthly)	(per check)*	(per check)*
				95.00%	5.00%		
SINGLE	\$46.80	0.00%	\$46.80	\$44.46	\$2.34	\$22.23	\$1.17
FAMILY	\$120.93	0.00%	\$120.93	\$114.88	\$6.05	\$57.44	\$3.02
VISION INSURANCE	CURRENT						
	2021-2022	Increase or	2022-2023	District Portion	Employee Portion	District Portion	Employee Portion
DELTA DENTAL OF WI/ DELTA VISION (EYEMED)	Monthly Rates	Decrease	MONTHLY RATES	(monthly)	(monthly)	(per check)*	(per check)*
				95.00%	5.00%		
SINGLE	\$7.13	0.00%	\$7.13	\$6.77	\$0.36	\$3.39	\$0.18
FAMILY	\$17.75	0.00%	\$17.75	\$16.86	\$0.89	\$8.43	\$0.44
						*Based on 24 pay periods	
						*Based on full time	
OTHER BENEFITS	WISCONSIN RETIREMENT SYSTEM			VOLUNTARY BENEFITS			
LONG TERM DISABILITY	WI DEPT. OF EMPLOYEE TRUST FUNDS (ETF)			- SHORT TERM DISABILITY - NIS		Employee Paid	
NATIONAL INSURANCE SERVICES (NIS)	Actuarially determined employer contribution rate			- STATE LIFE INSURANCE - ETF			
100% paid by RVSD							